Evidence for addition of approximate age of deceased is shown on

FILM No. I 0 4 MAY 31 1946

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

05153

Reg. Dist. No. 294

1. PLACE OF DEATH:
County: Talbot
City or town: McDaniel
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Sixteen years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: McDaniel
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Mary A. Adams

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	married

6.(b) Name of husband or wife: Charles Adams
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: ~~Late sixties~~ unknown | Months | Days | If less than one day: hrs. min.

9. Birthplace: Lindsay, Virginia (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: own home
FATHER 12. Name: John Carter
13. Birthplace: Virginia
MOTHER 14. Maiden name:
15. Birthplace: Virginia
16. Informant: Charles Adams
Address: McDaniel, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5 4 46 (month) (day) (year)
Cemetery or crematory: M E Cemetery
Location: McDaniel, Maryland
18. Funeral director: J. Norman Marshall
Address: St. Michaels, Maryland
19. May 3rd 1946 (Date rec'd by registrar) Anna C Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1, 1946 19 4:15 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1941 19 to May 1, 1946 19 and that I last saw her alive on April 20, 1946 19

Immediate cause of death	DURATION
Cerebral Apoplexy	
Due to: Arterial Hypertension	5 yrs
Due to:	
Other conditions: Generalized Arterio-sclerosis-Hemiplegia	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.: None
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ~ Date of: ~
Where did injury occur? ~ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ~
Means of injury: ~ Injured at work? ~

23. SIGNATURE: T. S. Lewis M. D. or other
Address: St. Michaels, Md Date signed: 5.2.46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83d)

CERTIFICATE OF DEATH

Dr Webb

Reg. Dist. No. 5151 290

1. PLACE OF DEATH

County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all of life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph H. Davidson

3.(b) Social Security Number 214-12-6940

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

6.(b) Name of husband or wife Elizabeth Davidson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 15 1885

8. AGE: Years 60 | Months 11 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace Easton, Md.
(Town, county, and state)

10. Usual occupation Mason

11. Industry or business Brick or Plaster

FATHER 12. Name Arthur J. Davidson

FATHER 13. Birthplace Talbot Md

MOTHER 14. Maiden name Sarah A. Edwin

MOTHER 15. Birthplace Easton Md

16. Informant Alexander Davidson

Address Easton, Md.

17. Burial Date thereof May 31 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland Cemetery

Location Easton, Maryland

18. Funeral director John D. Williams

Address Easton, Md.

19. 5/29 19 46 H. H. Meeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1946, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1946 to May 27 1946 and that I last saw h[illegible] alive on May 27 1946

Immediate cause of death	DURATION
Acute Parenchymatous Nephritis	3 mos.
Due to Monoplegia	7 mos.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hayward T. Dodd M.D.
M. D. or other

Address Easton, Md. Date signed May 30 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (192)

CERTIFICATE OF DEATH

05155

Reg. Diat. No. 291

1. PLACE OF DEATH:

County: Talbot

City or town: Newcomb

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Newcomb

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Louis R. Denny

3.(b) Social Security Number: 218-10-6221

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Denia G. Denny

6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): Feb. 13, 1897

8. AGE:

Years	Months	Days	If less than one day
49	3	5	...hrs. ...min.

9. Birthplace: Dorchester Co. Md.

(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER

12. Name: John Denny

13. Birthplace: Dorchester Co. Md

MOTHER

14. Maiden name: Mary Hughes

15. Birthplace: Dorchester Co. Md.

16. Informant: Mrs May Lewis

Address: 234 N. Kenwood Ave. Balto Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 21, 1946 (month) (day) (year)

Cemetery or crematory: Christ

Location: St. Michaels. Md.

18. Funeral director: Newnam & Harrison

Address: St. Michaels. Md.

19. May 20 1946 John Howard Ford Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 18 May 1946 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18 May 1946 to 18 May 1946

and that I last saw him alive on 18 May 1946

Immediate cause of death	DURATION
I Electrocution	
Due to: Struck by lightning	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 18 May 46

Where did injury occur? Newcomb (City or town) Talbot (County) Maryland (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Lightning Injured at work?

23. SIGNATURE: Howard F. Kemmins M.D. (M. D. or other)

Address: Easton, Maryland Date signed: 19 May 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Fluctuation

Baker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

05156

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 da.
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 6 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(If a newborn infants give residence of motber)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Dyott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 25 1946

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.
6

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Clarence Dyott
13. Birthplace Oxford

MOTHER 14. Maiden name Mary Edna Mullikin
15. Birthplace Easton

16. Informant Clarence Dyott
Address Easton

17. Burial Date thereof June 1, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Spring Steel
Location Easton, Md.

18. Funeral director J. Ellis Clark Sons.
Address Easton, Md.

19. 5/31/46 N. H. Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1946, to May 31 1946
and that I last saw h[illegible] alive on May 31 1946

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Barker M. D. or other
Address Easton Date signed 6-3-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of age of deceased is shown on

FILM No. I 0.6 JUL 31 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46)

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 1 hr. 45 min

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Easton Suburbs

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Edenfield, Herbert

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife none

7. Birth date of deceased (mo., day, yr.) April 22, 1880

6.(c) If alive, give age years

8. AGE:

Years	Months	Days	If less than one day
65	9	0	hrs. min.

9. Birthplace Queen Anne Co. (Town, county, and state)

10. Usual occupation oysterman

11. Industry or business

FATHER

12. Name Alphonso Edenfield

13. Birthplace Delaware

MOTHER

14. Maiden name Mary Eliza Cook

15. Birthplace Oxford, Md. Talbot Co.

16. Informant W. D. Edenfield

Address Chester, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 25, 1946 (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville Md

18. Funeral director Baton Bros

Address Centreville, Maryland

19. 5/22 19 46 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22-1946 at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/22/46 19 to 5/22/46 19 and that I last saw h... alive on 5/22/46 19

Immediate cause of death	DURATION
Pulmonary suicide	3hr,
Due to Coronary Thrombosis	24hrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. V. Palmer M. D. or other

Address Easton, Md. Date signed 5/30/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

65158

Reg. Diat. No. 291

1. PLACE OF DEATH:
County Talbot
City or town Newcomb
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 Yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Newcomb
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Frederick R. Hammon

3.(b) Social Security Number 218-03-4069

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
male	white	married

8.(b) Name of husband or wife Ruth May Hammon
8.(c) If alive, give age 22 years
7. Birth date of deceased (mo., day, yr.) Aug 5th 1915

8. AGE:

Years	Months	Days	If less than one day
30	9	13	hrs. min.

9. Birthplace Delaware (Greenwood)
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business

FATHER
12. Name William Hammon
13. Birthplace Delaware

MOTHER
14. Maiden name Stella Wright
15. Birthplace Greenwood, Del.

16. Informant Mrs Frederick Hammon
Address Newcomb Md
17. Burial. Date thereof May 7. 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Christ Cemetery
Location St. Michaels. Md.
18. Funeral director Newnam & Harrison
Address St. Michaels. Md.
19. May 20 1946 John T. Wood dep
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 May 1946 at 3:30 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18 May 1946 to 18 May 1946
and that I last saw h alive on 18 May 1946

	DURATION
Immediate cause of death F Electrocution	
Due to Struck by lightning	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 18 May 46
Where did injury occur? Newcomb Talbot Maryland
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home.
Means of injury Lightning Injured at work?

23. SIGNATURE Howard T. Kemmanis M.D.
M. D. or other
Address Easton, Maryland Date signed 19 May 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05159

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Days.

Hospital, Institution, or street address where death occurred: 605 Goldsboro St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Goldsboro.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Wildye Franklin Jump.

3.(b) Social Security Number: 220-03-1558

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Wh.	M.

6.(b) Name of husband or wife: Catherine P. Jump

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): November 17, 1869.

8. AGE:

Years	Months	Days	If less than one day
76	6	5	...hrs. ...min.

9. Birthplace: Talbot Maryland (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: Robert N. Jump.

13. Birthplace: Md.

MOTHER

14. Maiden name: Julia Foreland

15. Birthplace: Md

16. Informant: Mrs Carlton Jump.

Address: Easton - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24 1946 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton - Md.

18. Funeral director: R. E. Clark

Address: Easton Md.

19. 5/22 1946 (Date rec'd by registrar) M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1946 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1945 to May 22 1946

and that I last saw him alive on May 21 1946

Immediate cause of death	DURATION
Carcinoma of Pylorus	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: H Cop M D M. D. or other

Address: Easton Md Date signed: 5-22-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (924)

CERTIFICATE OF DEATH

★ 05160

Reg. Dist. No. 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH

County Talbot

City or town Easton Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County

City or town Philadelphia

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Gertrude H. Leidy

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 31-1879

8. AGE:

Years	Months	Days	If less than one day
66	6	15	hrs. min.

9. Birthplace Phila., Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Penna Mutual Life Ins Co

FATHER 12. Name Dr Philip Leidy

13. Birthplace Phila. Pa.

MOTHER 14. Maiden name Penrose Cook

15. Birthplace Winchester Va

16. Informant P. R. Brumbaugh

Address 2000 Walnut St. Phila Pa

17. Cremation (Burial, cremation, or removal. Which?) Date thereof May 20 1946 (month) (day) (year)

Cemetery or crematory Woodlands Cemetery

Location Phila., Pa.

18. Funeral director John D. Sullivan

Address Easton, Md.

19. 5-17 1946 (Date rec'd by registrar) M. H. Meese Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1946 at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Called & Died before my to 19

and that I last saw h alive on arrival 19

Immediate cause of death	DURATION
Acute Ventricular Failure	1/2 hour
Due to Arteriosclerotic Heart Disease	3 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William S. Seymour M. D. or other

Address Easton Md Date signed 5/17/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05161

Reg. Diat. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 2 hrs - 3 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton R.D #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: John Howard Mielke

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 1, 1945

8. AGE:

Years	Months	Days	If less than one day
	7	11	..... hrs. ..... min.

9. Birthplace: Easton, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Sidney Mielke

13. Birthplace: Easton, Md.

MOTHER

14. Maiden name: Winifred Mundt

15. Birthplace: Germantown, Pa.

16. Informant: Sidney Mielke

Address: Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 14, 1946 (month) (day) (year)

Cemetery or crematory: Spring Hill

Location: Easton, Md.

18. Funeral director: Ellis Clark Wms.

Address: Easton, Md.

19. 6/13/1946 (Date rec'd by registrar) M. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12, 1946, at 4:03 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-12-1946, to 5-12-1946

and that I last saw h... alive on 5-12-1946

Immediate cause of death	DURATION
Bronchopneumonia	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: ..... M. D. or other

Address: ..... Date signed: .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-A)

05162

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Rural Easton, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Rural Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: George W. Mills

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C.	Married

6.(b) Name of husband or wife: Mary Melvin Mills

6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): November 3, 1853

8. AGE: Years: 92 Months: 5 Days: 28 If less than one day: hrs. min.

9. Birthplace: Talbot County, Maryland. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Nathan Mills

13. Birthplace: Md.

MOTHER 14. Maiden name: Unknown

15. Birthplace

16. Informant: Minnie F. Mills

Address: 655 Park Avenue, New York N.Y.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 4, 1946 (month) (day) (year)

Cemetery or crematory: Home Place Burial Ground

Location: Rural Easton - Md.

18. Funeral director: Ella Clark

Address: Easton, Md.

19. 5/2 1946 (Date rec'd by registrar) N. Le Meriee Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1st 1946 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 3 1946 to May 1 1946 and that I last saw him alive on May 1 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to: Hypertension	3-4 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Harwood T. Orth, M.D. M. D. or other

Address: Easton, Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

05163

Reg. Dist. No. 74

1. PLACE OF DEATH:

County: Talbot

City or town: Trappe.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot.

City or town: Trappe.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Napoleon D. Nelson.

3.(b) Social Security Number: 219-01-8576

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed.

6.(b) Name of husband or wife: Anna Eaden Nelson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 3 1886

8. AGE: Years	Months	Days	If less than one day
59	11		..... hrs. ..... min.

9. Birthplace: Harrington Del.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Daniel Nelson

FATHER — 13. Birthplace: Langhorne Penna.

MOTHER — 14. Maiden name: Sallie Whittington

MOTHER — 15. Birthplace: Harrington, Del.

16. Informant: Mrs. Anna Nelson

Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/31/46 (month) (day) (year)

Cemetery or crematory: Fellowship Del.

Location: Harrington

18. Funeral director: Maurice E. Newnam Sons

Address: Easton Md.

19. May 30 1946 (Date received by registrar) Joe H. LaBoon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 29 - 1946, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.. to ..... 19.. and that I last saw h... alive on ..... 19..

Immediate cause of death	DURATION
Cardiac decompensation	Instant
Due to: Coronary Occlusion	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Joe H. LaBoon M. D. or other

Address: Trappe Md. Date signed: 5/30/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (19)

CERTIFICATE OF DEATH

File # 5164

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days 12 hrs.

Hospital, institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 2 days 12 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Baby Girl Nichols

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 21, 1946

8. AGE: Years | Months | Days 2 | If less than one day 12 hrs. ..... min.

9. Birthplace Easton Talbot Co. Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Paul Nichols

13. Birthplace Bridgeville, Del.

MOTHER 14. Maiden name Anna E. Stobley

15. Birthplace Bridgeville, Del.

16. Informant Mrs. Paul Nichols

Address Denton, Md. R#2

17. (Burial, cremation, or removal. Which?) Cremation Date thereof May 26 46 (month) (day) (year)

Cemetery or crematory Memorial Hospital

Location Easton, Md.

18. Funeral director Memorial Hospital

Address Easton, Md.

19. 5/25 1946 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946 at 4:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-21-1946 to 5-24-1946 and that I last saw h[illegible] alive on 5-23-1946

Immediate cause of death	DURATION
Prematurity	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D.

M. D. or other

Address Easton Md. Date signed 5-25-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05165

Reg. Dist. No. 291

1. PLACE OF DEATH:

County: Talbot.

City or town: Rural Bozman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot.

City or town: Rural Bozman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Aurora Maria Paradis

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

8.(b) Name of husband or wife: Raymond Paradis

6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Sept. 7, 1871

8. AGE:

Years	Months	Days	If less than one day
73	8	16	....hrs. ....min.

9. Birthplace: Canada

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Moise Bouthellier

13. Birthplace: Canada.

MOTHER

14. Maiden name: -

15. Birthplace: -

16. Informant: Raymond Paradis

Address: Gleanmore, Pa.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: May 27 1946 (month) (day) (year)

Cemetery or crematory: Bozman Methodist

Location: Easton, Md.

18. Funeral director: W. H. Clark.

Address: Easton, Md.

19. May 24 1946 (Date rec'd by registrar) J. Brewington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 23rd 1946 at 0635 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 23 May 1946 to 23 May 1946 and that I last saw h... alive on dead on arrival 19....

Immediate cause of death	DURATION
Heart failure	
Due to: Heart disease	
Due to:	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. Herbert Morrison M.D.

M. D. or other

Address: St Michaels Md Date signed: 24 May 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05166

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Memorial Hospital

How long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Trappe
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Philip Roberts

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	B	single

B.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1922

8. AGE: Years	Months	Days	If less than one day
23			hrs. min.

9. Birthplace Trappe, Talbot, Md
(Town, county, and state)

10. Usual occupation Canning house

11. Industry or business

FATHER 12. Name James Edgar

13. Birthplace Trappe Md

MOTHER 14. Maiden name Gastene Roberts

15. Birthplace Trappe, Md

16. Informant Memorial Hospital

Address Easton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 31st 46 (month) (day) (year)

Cemetery or crematory Cemetery

Location Trappe Md.

18. Funeral director Lewis A. Henry

Address 222 Cedar St Cambridge

19. 5/29 1946 (Date rec'd by registrar) W. H. Morris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29- 1946 at 3 30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1946 to May 29 1946 and that I last saw him alive on May 29 1946

Immediate cause of death	DURATION
Hemorrhage	4 days
Due to Pulmonary Tuberculosis	Several years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Easton md Date signed 5-29-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05167

★ Reg. Diat. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Memorial Hospital Easton

How long in hospital or institution? 1 mo; 13 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Dora Samis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1890

8. AGE: Years	Months	Days	If less than one day
55	6	9	..... hrs. ..... min.

9. Birthplace Talbot Co. Md.

(Town, county, and state)

10. Usual occupation Book Keeper

11. Industry or business Store

FATHER 12. Name Albert W Samis

13. Birthplace Canada

MOTHER 14. Maiden name Georgia Forbes

15. Birthplace N.J.

16. Informant Harvey K. Samis

Address Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 17, 1946 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director J. Ellis Clark Funl. D.

Address Easton, Md.

19. 5/16 1946 (Date rec'd by registrar) N.H. Nevius Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14- 1946, at 4:18 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 1939 to May 14 1946

and that I last saw her alive on May 14 1946

Immediate cause of death	DURATION
Congestive Heart Failure	6 months
Due to Mitral stenosis	10 years
Due to Rheumatic Fever	
Other conditions Cholecystectomy 3 months ago. Subacute nephritis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. V. Palmer M.D.

M. D. or other

Address Easton, Maryland Date signed 5/14/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-21

05168

CERTIFICATE OF DEATH

★ Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 mo. 1 da.
Hospital, institution, or street address where death occurred: Easton Memorial Hospital
How long in hospital or institution? 1 mo. 1 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Oxford
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME CHARLES PETER SMOOTHY

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 3, 1881

8. AGE: Years	Months	Days	If less than one day
64	5	4	hrs. min.

9. Birthplace Derby, England (Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Peter Smoothy
13. Birthplace England

MOTHER
14. Maiden name Sarah Ann Hickling
15. Birthplace England

16. Informant Anita Smoothy
Address 226 Emery St. London Ontario

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10 1946 (month) (day) (year)
Cemetery or crematory Druid Ridge Cemetery
Location Baltimore, Md.

18. Funeral director Eagle Clark Sons
Address Easton, Md.

19. 5/8 1946 (Date rec'd by registrar) M. L. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946 at 4 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 6 1946, to May 7 1946
and that I last saw him alive on May 7 1946

Immediate cause of death	DURATION
Coronary thrombosis	
Due to Hardening of the arteries	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE
M. D. or other
Address Easton Md. Date signed

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

05169

Reg. Diat. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County Talbot
City or town Bellevue (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Talbot
City or town Bellevue (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Lester Dennis Tilghman

3.(b) Social Security Number 213-24-1203

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

B.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1902

8. AGE: Years 43 | Months 10 | Days 25 | If less than one day hrs. min.

9. Birthplace Easton R.D. Md. (Town, county, and state)

10. Usual occupation Farmer (Laborer)

11. Industry or business

FATHER 12. Name Martin Tilghman
13. Birthplace Cordova, Md.

MOTHER 14. Maiden name Henrietta Dennis
15. Birthplace Centreville, Md.

16. Informant Henrietta Tilghman
Address Bellevue, Md

17. Burial Date thereof May 20 46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Chapel Church Cemetery
Location Chapel (Rural) Easton, Md

18. Funeral director Jobie D. Williams
Address Easton, Md.

19. 5/17 1946 N.H. Reese
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30 1946, to May 16 1946 and that I last saw him alive on May 16 1946

	DURATION
Immediate cause of death Cerebral Hemorrhage	15 days
Due to Hypertension	6 mo.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard T. Wilt, M.D. M. D. or other
Address EASTON, MD Date signed 5/16/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (40)

CERTIFICATE OF DEATH

(5170

Reg. Dist. No. 290 293

1. PLACE OF DEATH:
County: Talbot
City or town: Rural Cordova
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Rural Cordova
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Hugh Hunter Whitby

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

8.(b) Name of husband or wife: Margaret Mae Morris
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 18, 1869

8. AGE: Years 77 | Months 3 | Days 20 | If less than one day: hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: retired farmer

11. Industry or business

FATHER
12. Name: William Whitby
13. Birthplace: Maryland

MOTHER
14. Maiden name: Elizabeth Willoughby
15. Birthplace: Maryland

16. Informant: Mrs. Harry Whitby
Address: Cordova, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 5-11-46 (month) (day) (year)
Cemetery or crematory: Freemont Cemetery
Location: Hillsboro, Md.

18. Funeral director: J. Virgil Moore
Address: Denton, Md.

19. 5/11/46 (Date rec'd by registrar) M. H. Reese Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7 1946, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1942 to May 7 1946 and that I last saw h. 1/4 alive on April 1945

Immediate cause of death	DURATION
Coronary thrombosis	
Due to: Hypertrophied arteriosclerosis	4 yrs.
Due to:	
Other conditions: Gallbladder disease	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Kurt Lederer M.D. M. D. or other
Address: Queen Anne Md. Date signed: 5/7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

Reg. Dist. No. 290 293

5171

1. PLACE OF DEATH:
County Talbot
City or town Caroline
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? nearly 3 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Annes
City or town Centreville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Alice Bertha Whiteley

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

6.(b) Name of husband ~~or wife~~ George A. Whiteley
6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) August 19- 1856

8. AGE:

Years	Months	Days	If less than one day
89	8	18	...hrs. ...min.

9. Birthplace Centreville, Queen Anne's Co. Maryland
(Town, county, and state)
10. Usual occupation Retired Housewife
11. Industry or business
FATHER 12. Name John Rowe Story
13. Birthplace Queen Annes Co. Maryland
MOTHER 14. Maiden name Jane Roe
15. Birthplace Queen Annes Co. Maryland
16. Informant Frank H. Whiteley
Address Centreville Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10-46 (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville Maryland
18. Funeral director Dalton Bros
Address Centreville, Maryland.
19. 5/9 19... C. H. Meeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 19 46, at 10:25 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9 19 45, to May 7 19 46
and that I last saw h... alive on May 6 19 46

Immediate cause of death	DURATION
arteriosclerosis	9 years
due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Paul Thistle M D
M. D. or other
Address Denton Md Date signed May 7-1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(5172

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

CERTIFICATE OF DEATH

Reg. Diat. No. 34

1. PLACE OF DEATH:

County Talbot

City or town Oxford

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Oxford

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Eleanor L. Wilcox

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

6.(b) Name of husband or wife Harry L. Wilcox

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 4, 1886

8. AGE: Years	Months	Days	If less than one day
60	0	5	..... hrs. ..... min.

9. Birthplace Oxford Talbot County Md.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Louis F. Longfield

13. Birthplace Md.

MOTHER 14. Maiden name Elmira Kilcay

15. Birthplace Michigan

16. Informant Harry Wilcox

Address Oxford, Md.

17. Buried Date thereof May 11 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oxford, Maryland

Location Oxford Md.

18. Funeral director R. Allen Clark

Address Easton, Md.

19. May 11 1946 Douglas Ross Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1946 at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19.... to ..... 19....

and that I last saw her alive on May 9 1946

Immediate cause of death	DURATION
Coronary occlusion	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Douglas Ross M.D.
M. D. or other

Address Oxford Md. Date signed 5/9/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING